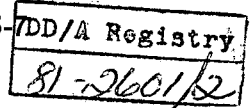


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15 December 1981

MEMORANDUM FOR: Executive Officer, DDA

FROM: [REDACTED]

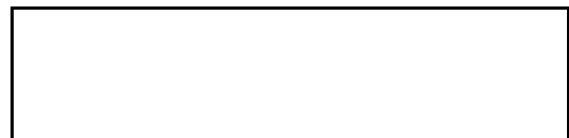
Executive Officer,
Office of Medical ServicesSUBJECT: Office of Medical Services' Submission for
DCI's Annual Report to the Congress

REFERENCE: Routing and Transmittal Slip dtd 14 Dec 81

A. Accomplishments in 1981:

1. Throughout 1980 and 1981, the Office of Medical Services (OMS) became aware of an increase in cable traffic from various posts throughout the world requesting numerous medical items and ideas in connection with their efforts to provide themselves with self-help medical care in times of civil disturbances, terrorist activities, or natural disasters. OMS began to check references on these various cable messages and what emerged was the germ of an idea that perhaps close collaboration with State might produce a coordinated effort to tackle the generic problem programmatically. Thus, after much consultation, an Interagency Life Safety Working Group was formed consisting of State, plus other agencies having representatives abroad (FBI, Agriculture, etc.). This germ of an idea gave birth to [REDACTED]. The result was the development and procurement (including training of personnel) of a complete package of first-aid self-help equipment and instruction via a modular videotape presentation. It also includes the safety device/equipment needed to make a quick exit from a building. All training of both State and Agency personnel for initial deployment of the package was conducted at [REDACTED]. As a result of their efforts, the U.S. Government now has a contingency kit specifically designed for use in overseas areas and a medical training program for lay personnel. On the completion of this three-day training course, employees will be able to manage medical emergencies when professional medical assistance is not available. [REDACTED] A9c5.1

WARNING NOTICE
Sensitive Intelligence Sources
and Methods Involved



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SUBJECT: Office of Medical Services' Submission for DCI's
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2. The Center for Counterterrorism and Crisis Response (CCCR) was extensively involved in the development of plans for the reception of the released Iranian hostages. For example, C/CCCR was asked to advise Vice President Bush in the planning for the official White House welcome ceremony for the hostages. As members of the interdepartmental medical team formed to assist and evaluate the freed Americans on their release, the CCCR staff played a key role in development of the medical processing procedures used in Wiesbaden. The CCCR staff continued to provide guidance during the post-release period, including planning for the reunion held in April 1981. ☐ A9c2.7

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3. In the OMS computer program, the Patterns of Illness Project was completed and is operational. This enables us to obtain morbidity and mortality data on our employees on a worldwide basis with data going back many years. In conjunction with the Medical Systems Development Officer and Systems Analyst, the Environmental Health and Preventive Medicine Officer (EH&PMO) has formulated a program to allow some epidemiological surveys by various demographic parameters within PERSIGN and PERSEAS. A new Program has been created to monitor overseas medical activity as well as deaths among active Agency employees and CIARDS retirees. The language used in the PAB records also has been made compatible with that in OMS. A prospective study group has been organized by EH&PMO, designed to try to pull together all that extant data in a way which will allow more meaningful evaluation and prevention of medical problems of Agency personnel, both at home and abroad. ☐

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4. During 1981 the Psychological Services Division (PSD) tested and/or assessed approximately 6,700 persons, an increase of more than 1,000 over 1980. This represents the highest one-year testing and assessment in the history of the staff. A particularly significant accomplishment was the delivery of these services with minimal backlogging and delay. Increased demands for human factors research in PSD exceeded available PSD resources in FY 81. The principal programs receiving this type of PSD support were Project SAFE, a joint DDA-NFAC program, and the IDEX program conducted jointly by OD&E and NPIC. ☐

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5. In 1981 the Psychiatric Division in concert with the Office of Security (OS) continued the pioneer in-depth

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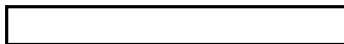
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B. Projected Resource Needs/Shortcomings:

1. The challenge which OMS will face during the next five years is a continued growth in the Agency and requirements which will result in demands for increased services. Therefore, OMS must plan to use its resources to meet these demands through creative medical management, improved technology, and innovation. As an example, over the next few years record keeping and information processing needs will continue to grow. Medical Services plans to integrate data in psychological, psychiatric, and medical files with relevant data in Human Resource System. This will allow intelligent decisions and quick responses to administrative as well as medical questions. It will provide the Agency with a resource that was unobtainable in the past. This is creative management and innovation. But -- new technology generally requires an increase of resources. 

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2. Anticipated requirements  and Emergency/Disaster Planning will place additional demands on the types of medical resources required, including training, e.g.,

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


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C. Areas for Improvement:

If OMS is to keep pace with the growing Agency and resulting increased services, it must develop a more effective inter- and intra-directorate planning policy. It must recruit qualified and suitable applicants to fill positions becoming vacant due to retirements or resignations. But most important, Medical Services must be progressive in  assessments, stress studies, counterterrorism, and operational support, to assist in motivating employees to work in the increasingly hostile overseas environment -- while devising better mechanisms for coping in this environment.  A9c2.7

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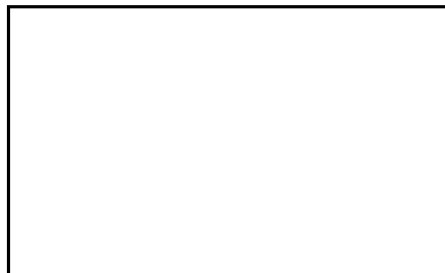
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D. Future Research and Development Plans:

OMS in FY 1981 requested informal assistance in its feasibility study of the Medical Audio-Visual Information Net (MAVIN). MAVIN is a biomedical communication project consisting of research, development, and implementation elements. The project would be designed for direct medical consultations and diagnostic purposes as an adjunct to current resources for operational and non-operational matters. The project would require development of secure information processing and transfer systems and communication technology. Audio-Visual communications (in color) and a data link with overseas posts are envisioned. Eventually, the system could also be used for training, conferences, etc. Further development may require formal research and coordination with other new projects, such as Project CRAFT, and other Federal agencies.

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